

Retirement Application, Part 2

For superannuation (regular or RetirementPlus) and termination retirement benefits

PART 2, SECTION 1

SERVICE AND SALARY DATA

Instructions to member:

Please provide your personal data and then forward these four pages to your payroll officer for completion of Sections 2 through 6.

Your payroll officer will then return these four pages to you for forwarding to the MTRS along with Part 1, pages 1 through 10.

NOTE: If you are employed by more than one school district on your intended date of retirement, please make additional copies of these four pages and have them completed by a payroll administrator in each of the districts in which you are employed.

a) Name of member Last

First

MI

b) Social Security number XXX-XX-XXXX

c) Type of retirement (*check one*).

Superannuation/Regular

Superannuation/RetirementPlus

Involuntary termination

d) Intended date of retirement . . . mm/dd/yyyy

e) Name of school district.

INSTRUCTIONS TO PAYROLL OFFICER

Please follow these steps:

- **Complete** Sections 2 through 6, below, and **make a copy of these four pages for your records.**
- If, at some later date, there is a change in the salaries reported in Section 3—either because of a retroactive contract settlement or error—please **mark the corrections** directly on a copy of this sheet, initial and date any changes and send the copy to the MTRS. If the changes resulted from a contract settlement, please forward a copy of the relevant contract language along with the corrected pages. Likewise, if the change in salaries reported in Section 3 results in a change in the current deductions listed in Section 5, please indicate, initial and date that change too.
- **Return** these four pages (Sections 1 through 6) to the member. It is then the member's responsibility to submit his or her entire *Retirement Application* to the MTRS three to four months prior to his or her effective date of retirement.

Your assistance in expediting the completion of these pages will be most appreciated!

PART 2, SECTION 2

SERVICE VERIFICATION

Please report this member's entire service history with your school department (in other words, not just for the last three years). Please indicate whether service was rendered on a full-time or part-time basis; if service was rendered on a part-time basis, please also indicate it as a percentage of full-time. If necessary, please attach additional sheets to report this service.

From (mm/dd/yyyy)	To (mm/dd/yyyy)	Full-time	OR	Part-time, and indicate % of full-time
<input type="text"/>	<input type="text"/>			<input type="text"/> %
<input type="text"/>	<input type="text"/>			<input type="text"/> %
<input type="text"/>	<input type="text"/>			<input type="text"/> %
<input type="text"/>	<input type="text"/>			<input type="text"/> %

During any period of service above,
was the member a kindergarten teacher? .

No

Yes; from

to

For the service reported above, please report any authorized **leaves of absence** when no compensation or partial compensation was received. Please do not report any periods during which Workers' Compensation was received in this section; please list that information in Part 2, Section 4.

From (mm/dd/yyyy)	To (mm/dd/yyyy)	No compensation	OR	Partial compensation, and indicate % of full-compensation
<input type="text"/>	<input type="text"/>			<input type="text"/> %
<input type="text"/>	<input type="text"/>			<input type="text"/> %

PART 2, SECTION 3

SALARY
VERIFICATION

Please report the three (3) consecutive contract years when this member's salary was the highest.

	From (mm/dd/yyyy)	To (mm/dd/yyyy)
1)	<input type="text"/>	<input type="text"/>
2)	<input type="text"/>	<input type="text"/>
3)	<input type="text"/>	<input type="text"/>

Additionally, please report the member's contract rate for the contract year **prior** to the three years listed above.

From (mm/dd/yyyy)	To (mm/dd/yyyy)	Salary
<input type="text"/>	<input type="text"/>	<input type="text"/>

Salary history: Please report the following information for the member. If the member's last year of earnings was not a complete school year, please list that partial year and the three (3) full school years prior to it. If there are two contract rates in effect during one school year, please do not try to average the amounts; instead, use two lines—one for each contract period—and complete columns B through G for each period.

NOTE: By law, retirement deductions cannot be withheld for any monies received on account of a member's notification to his or her school department of his or her intention to retire or in lieu of sick leave or unused vacation.

A Period each salary rate was in effect during the three years of highest salaries listed above <i>Use a separate line for each salary rate</i> From (mm/dd/yyyy) To (mm/dd/yyyy)	B Number of days paid during period	C Number of days in contract year	D Annual contract rate for each period	E Additional salary earned for coaching, extracurricular activities or longevity	F Amounts paid for unused sick leave, early retirement incentives, bonuses or severance payments	G Actual salary paid <i>(Do not include amounts listed in column F)</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NOTES

- If column B does not equal column C, but the applicant worked the entire contract year, please attach additional sheet(s) to explain why (for example, because of disciplinary reasons).
- If column G does not equal columns D plus E, please attach additional sheet(s) to explain why (for example, because of a legal issue, Workers' Compensation payments, salary lost due to misconduct or any additional agreements).

PART 2, SECTION 3

SALARY VERIFICATION

Continued

Please provide a breakdown, by school year, of additional salary earned for coaching, extracurricular activities, longevity or any other amounts listed in column E, above. If necessary, please attach additional sheets to report this service.

From (mm/dd/yyyy)	To (mm/dd/yyyy)	Identify type of earning (indicate specific title of extracurricular activity)	Amount paid

Were the additional earnings listed directly above

paid under the terms of an annual contract? No

Yes (please attach the applicable sections of the contract)

PART 2, SECTION 4

WORKERS'
COMPENSATION

During the member's service with your district (as listed in Section 2),
did he or she receive any payments from Workers' Compensation?

No

Yes

If "yes," for each period, please attach explanatory documentation and report the following:

Period of Workers' Compensation From (mm/dd/yyyy)	To (mm/dd/yyyy)	Type of incapacity <i>Check one</i>		Payments from school district to member, if any, during this period		
		Partial	Full	Amount	Member's annual salary rate in effect	Payment category (e.g., sick leave)

PART 2, SECTION 5

CURRENT
DEDUCTIONS

Please report this member's current monthly earnings and actual and/or projected future deductions **for the four months prior to the applicant's date of separation from service with your district.** Additionally, in the last column, please indicate the month of the member's last payroll deduction.

Date (mm/yyyy)	Earnings	Total MTRS deduction amount	Final deduction (check only one box)
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Has your school district settled its contract for the current year? Yes No

If no, please be advised that changes to the current contract rate will impact the member's retirement allowance. **Please send us a copy of the new contract as soon as it is settled**, and be sure to include the member's name and Social Security number with the contract.

PART 2, SECTION 6

STATEMENT AND
SIGNATURE OF
SCHOOL
DEPARTMENT
OFFICIAL

To your knowledge, has the applicant ever been convicted of a criminal offense related to the member's office or position?

Yes No Don't know

If yes, please attach additional sheet(s) to describe the offense

Is the member's separation from service related in any way to a criminal action? . Yes No

I hereby certify, under the penalties of perjury, that the above information is true, complete and correct to the best of my knowledge. Additionally, I have made a copy of these pages (Part 2, Sections 1 through 6) for future reference and clarification, if necessary.

Signature of school
department official. . .

X

Date

/ /

Name (please print). .

Title

E-mail.

Phone

Fax.

Please return these four pages, along with copies of all applicable contracts, to the applicant, for submittal to the MTRS. Thank you for your assistance to us and our members!